

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42870**
9280
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9280	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 56 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN University City		4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAX Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 6261 Clemens			
3. NAME OF DECEASED (Type or Print) MAX				a. (First) _____ b. (Middle) _____ c. (Last) SPECTOR		4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married		8. DATE OF BIRTH Sept. 11, 1894	
9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Mgr.				10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Hyman Spector				13b. MOTHER'S MAIDEN NAME Anna Rothman		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Jake Spector ADDRESS 6261 Clemens	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia INTERVAL BETWEEN ONSET AND DEATH 2 yrs. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION Oct. 30, 1950		19b. MAJOR FINDINGS OF OPERATION Tremendous Splenomegaly (Splenectomy performed)					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 20 ft. fall			
22. I hereby certify that I attended the deceased from Oct. 23, 1950 , to Oct. 30, 1950 , that I last saw the deceased alive on Oct. 30, 1950 , and that death occurred at 6 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sam Schneider MD				23b. ADDRESS 4500 Olive St.		23c. DATE SIGNED Oct. 31, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/50		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. NOV 1 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed _____

David P. Harding

Signed.....
Student Embalmer

Licensed Embalmer No. 4829

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.